DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAL ASSISTANCE ADMINISTRATION Olympia, Washington

To: Prosthetic Providers Memorandum No: 05-78 MAA

Orthotic Providers Issued: August 28, 2005

Managed Care Plans

For information call:

From: Douglas Porter, Assistant Secretary 1-800-562-3022

Medical Assistance Administration (MAA)

Subject: Prosthetic and Orthotic Devices (P&O): Fee Schedule Corrections

Retroactive to dates of service on and after April 1, 2004, the Medical Assistance Administration (MAA) removed HCPCS code L3230 from the list of appropriate procedure codes to use with expedited prior authorization (EPA) number 781.

Corrections to Prior Authorization

MAA incorrectly listed HCPCS code L3230 as an appropriate procedure code for EPA 781 in the Prosthetic and Orthotic Devices (P&O) fee schedule, published in Numbered Memorandum 05-10 MAA. MAA has removed HCPCS code L3230 from EPA 781.

Procedure Code: L3230, L3310 & L3320

EPA 781 Lift, elevation, heel & sole, per inch.

<u>For a client with a leg length discrepancy</u>, allowed for as many inches as required (must be at least one inch), on one shoe per 12-month period.

Please Note: L3230 required prior authorization. (See page G.17 of MAA's Prosthetic and Orthotic (P&O) Devices Billing Instructions.)

Updated Licensure Information

MAA has updated Procedure Codes L5331, L5341, and L5400 to include "Y" for Licensure.

Billing Instructions Replacement Pages

Attached are replacement pages E.5 – E.6, and G. 23 – G.24 MAA's current *Prosthetic and Orthotic (P&O) Devices Billing Instructions*.

Bill MAA your usual and customary charges.

Contact Information

Send rate setting issues, questions, or comments to:

DME Rates Manager Professional Reimbursement Section Division of Business and Finance PO Box 45510 Olympia, Washington 98504-5510 (360) 725-1845 Fax # (360) 753-9152 http://maa.dshs.wa.gov/prorates/index.html

How can I get MAA's provider issuances?

To obtain DSHS/HRSA provider numbered memoranda and billing instruction, go to the DSHS/HRSA website at http://hrsa.dshs.wa.gov (click *the Billing Instructions and Numbered Memorandum* link). These may be downloaded and printed.

EPA Criteria Coding List

Code Criteria Code Criteria

PROSTHETICS

Procedure Code: L5683 & L5681

787 Addition to lower extremity, below knee/above knee, socket insert, suction suspension with or without locking mechanism.

Initial purchase of one (1) L5683 and L5681 per initial, lower extremity prosthesis (one to wash, one to wear) allowed per 12-month period if any of the following criteria are met:

- 1) Short residual limb;
- 2) Diabetic; or
- 3) History of skin problems/open sores on stump.

☞ NOTE:

- 1) If the medical condition does not meet one of the above specified criteria, you must obtain prior authorization by submitting a request in writing to QUS (see *Important Contacts*) or by calling the authorization toll-free number at 1-800-292-8064.
- 2) This EPA is allowed only one time per client, per 12-month period. It is the provider's responsibility to determine whether the EPA has been used for the client within 12 months prior to the provider's proposed date of service.
- 3) EPA is for initial purchase only. It is not to be used for replacements of existing products.

ORTHOTICS

Procedure Code: L3030

780 Foot insert, removable, formed to patient foot.

One (1) pair allowed in a 12-month period if one of the following criteria is met:

- 1) Severe arthritis with pain;
- 2) Flat feet or pes planus with pain;
- 3) Valgus or varus deformity with pain;
- 4) Plantar fasciitis with pain; or
- 5) Pronation.

☞ NOTE:

- 1) If the medical condition does not meet one of the above specified criteria, you must obtain prior authorization by submitting a request in writing to QUS (see *Important Contacts*) or by calling the authorization toll-free number at 1-800-292-8064.
- 2) This EPA is allowed only one time per client, per 12-month period. It is the provider's responsibility to determine whether the EPA has been used for the client within 12 months prior to the provider's proposed date of service.

Procedure Code: L3310 & L3320

781 Lift, elevation, heel & sole, per inch.

For a client with a leg length discrepancy, allowed for as many inches as required (must be at least one inch), on one shoe per 12-month period.

Procedure Code: L3334

782 Lift, elevation, heel, per inch

Allowed for as many inches as required (has to be at least one inch), for a client with a leg length discrepancy, on one shoe per 12-month period.

NOTE (for 3300l and L3334):

- 1) Lifts are not covered for less than one (1) inch.
- 2) Lifts are only allowed on one (1) pair of client shoes.
- 3) If the medical condition does not meet one of the above specified criteria, you must obtain prior authorization by submitting a request in writing to QUS (see *Important Contacts*) or by calling the authorization toll-free number at 1-800-292-8064.
- 4) This EPA is allowed only one time per client, per 12-month period. It is the provider's responsibility to determine whether the EPA has been used for the client within 12 months prior to the provider's proposed date of service.

Procedure Code: L3000

784 Foot insert, removable, molded to patient model, "UCB" type, Berkeley Shell, each

Purchase of one (1) pair per 12-month period for a client 16 years of age or younger allowed if any of the following criteria are met:

- 1) Required to prevent or correct pronation;
- 2) Required to promote proper foot alignment due to pronation; or
- 3) For ankle stability as required due to an existing medical condition such as hypotonia, Cerebral Palsy, etc.

☞ NOTE:

- 1) If the medical condition does not meet one of the above specified criteria, you must obtain prior authorization by submitting a request in writing to QUS (see *Important Contacts*) or by calling the authorization toll-free number at 1-800-292-8064.
- 2) This EPA is allowed only one time per client, per 12-month period. It is the provider's responsibility to determine whether the EPA has been used for the client within 12 months prior to the provider's proposed date of service.
- 3) If the client only medically requires one orthotic, right or left, prior authorization must be obtained.

Procedure Code: L3215 or L3219

785 Orthopedic footwear, woman's or man's shoes, oxford.

Purchase of one (1) pair per 12-month period allowed if any of the following criteria are met:

- 1) When one or both shoes are attached to a brace:
- 2) When one or both shoes are required to accommodate a brace with the exception of L3030 foot inserts:
- 3) To accommodate a partial foot prosthesis; or
- 4) To accommodate club foot.

MOTE:

- 1) MAA does not allow orthopedic footwear for the following reasons:
 - a) To accommodate L3030 orthotics;
 - b) Bunions;
 - c) Hammer toes;
 - d) Size difference (mismatched shoes); or
 - e) Abnormal sized foot.

Continued on next page